



**TOWN OF VIENNA, VIRGINIA
RELEASE OF INFORMATION
APPLICANTS FOR EMPLOYMENT IN CDL POSITIONS**

Instructions: Section I is to be completed by the employee. Section II is to be completed by all of the employee's previous employers for the last two years in which s/he was required to hold a CDL for employment.

Section I – Employee Release

State: _____

Employee Name: _____ Driver's License Number: _____

I hereby authorize release of information from my Department of Transportation (DOT) regulated drug and alcohol testing records by my previous employer(s), listed in *Section I* to the Town of Vienna, Virginia. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II* by my previous employer(s) is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

List all previous employers within the last two years in which a CDL was required for employment. Attach additional sheets if necessary.

Employer #1 Name: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Designated Employer Representative (if known): _____

Employer #2 Name: _____

Address: _____

City, State, Zip Code: _____

Phone #: _____

Designated Employer Representative (if known): _____

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Section II – Previous Employer Reporting

The employee listed in Section I of this document has authorized the release of DOT regulated drug and alcohol tests to the Town of Vienna, Virginia in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. Please answer the below questions in regards to DOT-regulated testing for the two years prior to the date of the employee's signature in Section I.

1. Did the employee have alcohol tests with a result of 0.04 or higher? **YES** ____ **NO** ____
2. Did the employee have verified positive drug tests? **YES** ____ **NO** ____
3. Did the employee refuse to be tested? **YES** ____ **NO** ____
4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? **YES** ____ **NO** ____
5. Did a previous employer report a drug and alcohol rule violation to you? **YES** ____ **NO** ____
6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? **N/A** ____ **YES** ____ **NO** ____
7. Dates of employment: From _____ to _____

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Name of person providing information in *Section II*: _____

Title: _____

Phone #: _____ Date: _____

Please return completed form to:
Town of Vienna, Virginia
Administrative Services Department
127 Center Street, South
Vienna, VA 22180
Voice: 703-255-6350
Fax: 202-521-9309